



WEST COUNTY CERT Registration Form

(There is a \$25 course fee payable on the first day via cash, check or money order.)

Last Name:		First Name:		Date:	
Street Address:				Apt./Unit #:	
City:		State:	Zip:	Work City:	
Home Phone:		Cell Phone:		Email:	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Is there any pre-existing medical condition you would like the CERT staff to be aware of?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			
SPECIAL SKILLS / DISASTER EXPERIENCE					
EMERGENCY CONTACTS					
Full Name:		Relationship:		Home Phone:	Cell Phone:
Full Name:		Relationship:		Home Phone:	Cell Phone:
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
Signature (type or sign):				Date:	

Email this form to rbarlow@ci.westminster.ca.us or
Mail to Rebecca Barlow, Westminster PD, 8200 Westminster Blvd., Westminster, CA 92683